Dr Yogesh Amin

Quality Report

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Tel: 01303 220707
Website: Not Applicable

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yogesh Amin on 17 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

After the inspection in March 2016 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The comprehensive inspection carried out on 08 February 2017 found that the practice had responded to some the concerns raised at the March 2016 inspection and had implemented some of their action plan in order to comply with the requirement notices issued. However, we found some actions had not been completed effectively. We also found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice is now inadequate.

Our key findings across all the areas we inspected were as follows:

- The system for reporting and recording significant events had not improved and remained ineffective.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- The practice's systems, processes and practices did not always keep patients safe. Risks to patients, staff and visitors were not consistently assessed and well managed.
- The practice was unable to demonstrate that action had been taken in relation to issues identified by the infection control audit. This audit also failed to identify all infection control risks to patients, staff and visitors.
- There was an inconsistent approach to delivering care in line with current evidence based guidance.

Summary of findings

- Prescription pads and forms were not stored securely or tracked through the practice. Nor was there was a process for managing medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice was unable to demonstrate that an electrical premises check had been carried out or that they had a system for the management of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an inconsistent approach to delivering care in line with current evidence based guidance and care plans were not routinely scanned into patients' electronic records.
- There was limited evidence that the practice had made improvements to quality that was driven by clinical audit activity.
- The practice was unable to demonstrate there was a formal induction process or that all staff, including locum clinical staff, had received an appraisal within the last 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Results from the national GP patient survey were consistently better than local and national averages.
  - The practice told us they valued feedback from patients and were aware of the good results from the GP patient survey. However, they did not proactively seek patients' feedback.
  - The practice had a system for handling complaints. However, patient information leaflets about the complaints procedure were not specific to the practice. Nor had the practice acknowledged, recorded or learnt from verbal complaints or complaints left on the NHS choices website
- Patients said they found it easy to make an appointment with the principal GP and there was continuity of care, with urgent appointments available the same day.
  - The practice did not have a website, nor were patients able to book appointments or order repeat prescriptions online.
- There was a staffing structure. However, there remained a lack of clarity about responsibilities across the practice in some key governance areas.
- The practice was unable to demonstrate that significant improvements to clinical governance arrangements had taken place or that current governance arrangements were effective.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was unable to demonstrate that there was a focus on continuous learning and improvement within the practice.

The areas where the provider must make improvement are:

- Ensure that there are effective systems and processes to manage, learn and share significant events.
- Ensure there are effective systems and processes for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- Ensure there are systems and processes for the proper and safe management of medicines including blank prescription forms and pads and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure all staff have the necessary employment checks.
- Revise risk management to ensure that all risks to patients, staff and visitors are identified and managing in an effective and timely manner. Revise governance arrangements to ensure that documents governing activity are practice specific and all governance processes and practices are effective.
- Ensure there are systems and processes to assess, monitor and improve the quality and safety of the services provided, in line with relevant and current evidence based guidance and standards, in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)
- Ensure that recruitment processes for all staff employed by the practice, are established and operated effectively.
- Ensure when actions to make improvements are identified these are carried out in a timely manner.

Summary of findings

- Ensure that the practice is proactive in canvassing patient feedback.

The areas where the provider should make improvement are:

- Review the practice's patient registers such as safeguarding to help ensure these patients receive the care and support they need.
- Review the process for NHS health checks and assessments.
- Continue to review and monitor emergency equipment and emergency medicines to help ensure the practice is able to respond to medical emergencies.
- Review the system for recording patient care plans to help ensure that are accessible in a timely way for all members of staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If, insufficient improvements have been made such that there remains a rating of inadequate for any patient population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- The system for reporting and recording significant events had not improved and remained ineffective.
- The practice was unable to demonstrate that lessons were shared to make sure action was taken to improve safety in the practice.
- The practice was unable to demonstrate that action had been taken in relation to issues identified by the infection control audit.
- Prescription pads and forms were not stored securely or tracked through the practice.
- The practice was unable to demonstrate that there was an effective process for managing medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice's systems, processes and practices did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice was unable to demonstrate that an electrical premise check had been carried out or that they had a system for the management of legionella.
- There were incomplete personnel files for some locum staff. For example, the practice could not demonstrate that all locum clinical staff directly employed by the practice had had their Hepatitis B status checked (hepatitis is a viral infection and it is recommended that healthcare professionals have their immunity tested). Nor were the practice able to demonstrate that these members of staff were up to date with training.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- There was an inconsistent approach to delivering care in line with current evidence based guidance. For example, National Institute for Health and Care Excellence (NICE) guidelines.

Summary of findings

- There was limited evidence that the practice had made improvements to quality that was driven by clinical audit activity.
- Staff we spoke with told us they had received an informal induction. However, the practice was unable to demonstrate there was a formal induction process for all staff, including sessional and locum clinical staff.
- Staff told us they had received appraisals undertaken by an external organisation in January 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice consistently higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients, at the practice, about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Staff told us the practice was not currently working on any projects with NHS England Area Team or the Clinical Commissioning Group (CCG) in order to secure improvements to services where these were identified.
- The practice did not offer any extended hours appointments. However, through collaboration with other local GPs, patients had access to extended hours appointments from 8am to 8pm from the Hub at the Queen Victoria Hospital in Folkestone, Kent.
- Patients said they found it easy to make an appointment with the principal GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had not developed a website so patients were not able to access information or services on line; nor was there a facility for patients to book appointments online or order repeat prescriptions on line.
- The practice had a system for handling complains. However, patient information leaflets were not specific to the practice, nor had the practice acknowledged, recorded or learnt from complaints posted by patients on NHS Choices.

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well-led.

- There was a staffing structure; however, there remained a lack of clarity about responsibilities across the practice in some key governance areas. The practice did not have a structured approach to clinical or staff meetings.
- The practice told us they prioritised safe, patient centred, responsive care. However, staff did not always have sufficient understanding to deliver these and the practice was unable to demonstrate there was a strategy or supporting business plan.
- The practice was unable to demonstrate that significant improvements to clinical governance arrangements had taken place or that current governance arrangements were effective since our previous inspection in March 2016.
- There was still a lack of clarity in lead roles and responsibilities across the practice in some key governance areas which meant that issues in the practice were not always identified or addressed in a timely manner.
- The practice was unable to demonstrate they had a structured approach to clinical or staff meetings.
- The practice had governance arrangements for notifiable safety incidents. However, these were not effective as not all staff were aware of what constituted a significant event or near miss nor was there a consistent approach to reporting them.
- The practice was unable to demonstrate they proactively sought feedback from staff and patients.
- The practice had a number of governance documents. However, these policies were not always specific to the practice or effectively implemented.
- The practice had gathered feedback from patients through the GP patient survey results but had not undertaken any patient surveys themselves. At the time of the inspection the practice did not have an active PPG, nor were they able to demonstrate that they had any plans to develop one
- The practice was unable to demonstrate there was a focus on continuous learning and improvement within the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population. There was evidence of care planning for elderly patients and those at risk of hospital admissions. However, care plans were not routinely scanned in to patients' electronic records and were kept in a 'care plan folder' by the practice manager so may not have been easily accessible to all members of staff.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had access to a paramedic practitioner for urgent home visits.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The sessional nurse supported the principal GP in chronic disease management. Patients at risk of hospital admission were identified as a priority. However, patients could only access specialist nurse support one day per week. The practice told us they had an arrangement for the community nurses to support these patients when the sessional practice nurse was absent.
- Longer appointments and home visits were available when needed.
- The GP completed structured annual reviews to check their health and medicines needs were being met. Staff had access to National Institute for Health and Care Excellence (NICE)

Summary of findings

guidelines. However, we found that there was an inconsistent use of this information. For example, not all patients with diabetes were receiving effective cholesterol management in line with national guidance.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, including the community nurses who attended the practice regularly.
- Patients had access to a paramedic practitioner for urgent home visits.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Childhood immunisation rates for the vaccines given were better than national averages. For example, there were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in all four areas.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national average of 82%. Staff told us they would contact patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children. However, there were no baby changes facilities available.
- We saw positive examples of joint working with midwives, health visitors and school nurses. We spoke with a community midwife who told us patients and community staff were well supported by the practice and that communication between them was very good.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider is rated as inadequate for providing safe and well-led services,

Summary of findings

requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of the working age patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- Patients from this group could access appointments from 8am to 8pm from the Hub at the Queen Victoria Hospital, Folkestone, Kent.
- Information about services was available at the practice and online at the NHS choices website. However, the practice had not implemented plans discussed at the March 2016 inspection to introduce online access for patients to order repeat prescriptions and book appointments.
- The practice had not developed a website.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia). The provider is rated as inadequate for providing safe and well-led

Summary of findings

services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing consistently better than local and national averages. Two hundred and forty survey forms were distributed and 114 were returned. This represented 5% of the practice's patient list.

- 98% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 71% national average of 73%.
- 93% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 100% of respondents described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 96% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, all contained positive comments about the service provided at the practice. However, one also contained a negative comment about staff attitude. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. Always being able to get an appointment quickly with a GP that listened was a common theme.

We spoke with two patients who told us their dignity, privacy and preferences were always considered and respected. They also told us that the principal GP had always provided care and support for them and their families, both as patients and carers, during difficult times when they needed help.

Areas for improvement

Dr Yogesh Amin

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Yogesh Amin

Dr Yogesh Amin (also known as Central Road Surgery) is a single handed General Practitioner (GP) who delivers services from a converted house to patients in the local area in Folkestone, Kent. There are approximately 2,500 patients on the practice list. There is on-site parking and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. The practice is located near bus-stops and the railway station. The practice patient population age is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances.

The practice holds a General Medical Service contract and consists of one GP (male) and two regular locum GPs (one female and one male). There is a sessional practice nurse (female) who provides one day per week. The GPs and nurse are supported by a practice manager as well as administration and reception staff. A wide range of services are offered by the practice including diabetes clinics and child immunisations.

Alongside several other local GPs in the South Kent Coast Clinical Commissioning Group (CCG) patients from the practice can also access services between 8am to 8pm at the Queen Victoria Hospital Hub in Folkestone, Kent and an urgent home visit service by a paramedic practitioner via funding from the Prime Minister's Challenge Fund.

Out of hour's services are provided by Intermediate Care 24 (IC24). Details of how to access this service are available at the practice.

Services are delivered from:

Central Surgery, 86 Cheriton Road, Folkestone, Kent, CT20 2QH.

Why we carried out this inspection

We undertook an announced comprehensive inspection of Dr Yogesh Amin on 17 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook an announced comprehensive follow up inspection on 08 February 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 February 2017.

Detailed findings

During our visit we:

- Spoke with a range of clinical staff including the principal GP, the practice nurse, the practice manager, two receptionists, a community mid-wife and patients who used the service.
- Observed how reception staff talked with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing safe services.

- Safety incidents, reviews and lessons learned were not communicated widely enough in the practice to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to help ensure patients were kept safe.
- The practice could not demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Staff who acted as chaperones had not received Disclosure and Barring Service checks nor had there been a risk assessment to demonstrate they were safe to carry out this role. (DBS
- The practice was unable to demonstrate that they were always following national guidance on infection prevention and control.
- The practice was unable to demonstrate that clinical equipment was regularly calibrated.

The inspection carried out on 08 February 2017 found that the practice had responded to some of the concerns raised at the March 2016 inspection and had implemented some of their action plan in order to comply with the requirement notices issued. However, we found some actions had not been completed effectively. We also found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider is now rated inadequate for providing safe care.

Safe track record and learning

The system for reporting and recording significant events had not improved since our inspection in March 2016 and remained ineffective.

- Staff told us they would inform the practice manager of any incidents. The practice had a significant events reporting form and significant event analysis form which gave examples of what might be considered a significant event. However, not all staff we spoke with were aware of this documentation or what constituted a significant event. Staff had resolved incidents themselves, without reporting them. For example, staff told us that on a number of occasions unsigned prescriptions had been returned to the practice from a local pharmacy. Staff said the unsigned prescriptions were taken to the relevant GPs and signed before being returned to the pharmacy. However, the practice was unable to demonstrate that investigations were undertaken to help identify how these errors had occurred and reduce the risk of the happening again.
- We reviewed safety records and incident reports. The practice had recorded two significant events in the last twelve months and was unable to demonstrate that learning as a result of significant events took place.
- Records showed that significant events were not an agenda item at the 'ad hoc' staff meetings. The practice was unable to demonstrate that clinical meetings took place with sessional and locum clinical staff to discuss significant events, nor was the principal GP routinely discussing significant events with the practice's 'buddy' GP practice.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding. Staff told us that they had not had to report any safeguarding concerns and did not have any children on the safeguarding register at the time of the inspection. However, when we reviewed a sample of patient notes we found evidence that safeguarding concerns had been recorded in one patient's notes and acted upon. However, this had not been noted on the practice's safeguarding register. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The principal GP was trained to child protection or child safeguarding level three. However, there were no safeguarding training certificates in the locum GP personnel files.

Inadequate

Are services safe?

- Notices in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and all areas accessible to patients were tidy. The principal GP was the infection control clinical lead. The GP had not undertaken suitable training to support this role nor was the practice able to demonstrate that they liaised with the local infection prevention teams to help keep up to date with best practice. There was an infection control protocol and staff had received up to date training. The practice had undertaken an infection prevention and control audit on 27 January 2017. However, the audit had failed to note that the examination fabric on the couch in the treatment room was not intact.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. However, blank prescription forms and pads were not securely stored and the practice was unable to demonstrate that there were systems to monitor their use. The sessional nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We asked the practice how they had responded to 10 alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) in 2015/16. Staff told us that the principal GP had reviewed email alerts received from the MHRA and decided no action was necessary as they did not affect any patients at the practice. However, the practice was unable to provide records to confirm this.
- We reviewed five personnel files and found that most staff had had the

Monitoring risks to patients

The procedures for assessing, monitoring and managing risks patients, staff and visitors had not improved sufficiently and were not always implemented effectively.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. However, the practice was unable to demonstrate that an electrical premises check had been undertaken and we noted the practice used electrical extension leads in many areas of the practice.
- The practice was unable to demonstrate they had a system for the management of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had not carried out a legionella risk assessment and was unable to demonstrate they were monitoring and recording water temperatures from hot or cold outlets or that water samples had been sent for legionella testing. However, records showed that a legionella risk assessment was due to be carried out on 9 February 2017 by an external company.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and that there were always enough staff on duty to keep patients safe. There was a sessional nurse who provided care one day per week. Staff told us that local community nurses provided cover when the sessional nurse took leave. Two regular locum GPs covered the principal GPs absence.

Arrangements to deal with emergencies and major incidents

The practice had made some improvements to the arrangements to respond to emergencies and major incidents.

Inadequate

Are services safe?

- Staff received annual basic life support training. However, the practice was unable to demonstrate that locum GPs had received this training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice did not keep all emergency medicines, detailed in national guidance, necessary to be able to respond adequately to any medical emergency. For example, an antibiotic used for bacterial meningitis, medicine used for cardiac chest pain or a medicine used to treat patients with low blood sugar levels. Nor was there a risk assessment as to why these medicines were not deemed necessary. The practice sent us evidence after the inspection to show that these medicines were now available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing effective services.

- There was evidence of audit activity, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available (which was 11% lower than local and national averages).
- Records showed that some staff training was absent or out of date. For example, fire safety training was last completed by some staff in 2013 and not all staff had completed safeguarding training.
- The practice occasionally employed GP locums but was unable to demonstrate how they were inducted into local policies and processes.

The inspection carried out on 08 February 2017 found that the practice had responded to some the concerns raised at the March 2016 inspection and had implemented some of their action plan in order to comply with the requirement notices issued. However, we found some actions had not been completed effectively. We also found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice remains requires improvement.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE. However, we found that there was an inconsistent use of this information. For example, not all patients with diabetes were receiving effective cholesterol management in line with national guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The practice had made improvements since our inspection in March 2016 and the most recent published QOF results showed a 12% increase to 96% of the total number of points available.

There was an overall exception rate of 10%, which was the same as clinical commissioning group (CCG) and national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/ 16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 91% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was similar to the CCG and national average of 89% (exception reporting 0%). Eighty percent of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or which was the same as the national average (exception reporting 25%).
- Performance for mental health related indicators was comparable to the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 84% and the national average of 89% (exception reporting 0%).

Data from electronic Prescribing Analysis and Costs (ePACT is a system which allows authorised users at Primary Care Organisations, Area Teams, Trusts and national users to electronically access prescription data) showed that the practice was prescribing a certain type of antibiotics more often than local or national averages: Practice 9%, CCG 6% and national 5%.

There was limited evidence that the practice had made improvements to quality that was driven by clinical audit activity.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There had been two case studies and two clinical audits completed in the last two years; one for dementia referrals to the local memory clinic and one reviewing referral times to secondary care. The dementia audit was one cycle and the referral time audit was two cycles. However, neither audit required the practice to make any significant improvements to patient care nor was any action taken. For example, one clinical audit looked at the referral of patients with suspected dementia to the local memory clinic. The practice had analysed the results and developed an action plan to address its findings. However, action from the audit only required the practice continue to provide screening for patients at risk of developing dementia.
- The practice participated in national benchmarking.
- The practice told us they had plans to undertake further audits next year in areas such as prostate cancer.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff we spoke with told us they had received an informal induction that included shadowing opportunities and training in areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the practice was unable to demonstrate they had a formal process to support this.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the sessional nurse had received training in areas such as ear irrigation and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- Staff told us they had received appraisals undertaken by an external organisation in January 2017. However, there were no records to confirm this.
- The practice had improved staff training and records showed that all staff were now up to date with relevant training (with the exception of the practice lead for infection control). For example, safeguarding training and fire safety training and handwashing.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. However, care plans were not routinely scanned in to patients' electronic records and were kept in a 'care plan folder' by the practice manager. Therefore, there was a risk that staff, especially locum staff may not have been aware that a separate care plan was in place.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke with one community mid-wife who told us they felt well supported by the practice and the good systems of communication between the services.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or sessional practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national average of 82%. Staff told us they would contact patients who did not attend for their cervical screening test. A female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in all four areas. These measures can be aggregated and scored out of 10. The practice scored 9.9 out of 10 which was better than the national average of 9.1.

The practice did not routinely offer patients access to appropriate health assessments and checks. For example, NHS health checks for patients aged 40–74. Staff told us these were undertaken opportunistically.

Good

Are services caring?

Our findings

At our previous inspection on 17 March 2016, we rated the practice as good for providing caring services.

- The practice had identified 21 patients who are also carers, which is 0.8% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

When we undertook a follow up inspection on 8 February 2017 we found the practice was continuing to provide caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to help maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations between receptionists and patients could be overheard in the patient waiting area, the receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was a private area if patients wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, all contained positive comments about the service provided at the practice. However, one also contained a negative comment about staff attitude. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. Always being able to get an appointment quickly with a GP that listened was a common theme.

We spoke with two patients who told us their dignity, privacy and preferences were always considered and respected. They also told us that the principal GP had always provided care and support for them and their families, both as patients and carers, when they needed it.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 100% of respondents said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%.
- 94% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 93% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently better than with local and national averages. For example:

- 98% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.

Good

Are services caring?

- 90% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG average and similar to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. Some members of staff were bilingual.
- Information leaflets were available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. However, information about support groups was not available on line as the practice did not have a practice website.

The practice's computer system alerted GPs if a patient was also a carer. At the time of our inspection in March 2016 the practice had identified 21 patients on the practice list who were carers. The practice had improved this and had now identified a total of 31 (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the principal GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as good for providing responsive services.

- Information about services was available at the practice and online at the NHS choices website. There were plans to implement online access for patients to order prescriptions and book appointments.
- There was information available to help patients understand the complaints system. However, the complaints leaflet required updating. The practice was aware of this and had instigated a review process.
- Information was only available at the practice and on as the practice did not have online access for patients.

The inspection carried out on 08 February 2017 found that the practice had responded to some the recommendations raised at the March 2016 inspection. However, we found some recommendations and actions had not been completed. The overall rating for the practice is now requires improvement.

Responding to and meeting people's needs

Staff told us the practice was not currently working on any projects with NHS England Area Team or the clinical commissioning group (CCG) in order to secure improvements to services where these were identified.

- The practice did not offer any extended hours appointments. However, through collaboration with other local GPs patients had access to extended hours appointments from 8am to 8pm from the Hub at the Queen Victoria Hospital in Folkestone, Kent.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available and some staff was multilingual. However, there were no baby changing facilities available.
- The practice had not developed a website so patients were not able to access information or services on line.
- The practice had not implemented a system for patients to book appointments online or order repeat prescriptions online.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday as well as Thursday 8am to 4.30pm. On Thursday between 4.30pm and 6.30pm an answerphone message directed patients to the principal GP's mobile telephone number. However, patients were not able to order prescriptions or book appointments during this time as the practice did not provide any online facilities. Primary medical services were available to patients via an appointments system. The practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital Hub, Folkestone. Patients were able to book appointments up to two weeks in advance with the sessional nurse as nursing clinics were set fortnightly. Urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently better than local and national averages.

- 89% of respondents were satisfied with the practice's opening hours compared to the CCG average of 77%and national average of 76%.
- 98% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 71% and national average of 73%.

People told us on the day of the inspection that they were able to book appointments when they needed them. The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complains. However, patient information not always specific to the practice.

- The practice manager handled all complaints in the practice.
- The practice had two different NHS complaints leaflets and also highlighted complaints in the practice leaflet. Some of the information in the leaflets was not applicable to the practice. For example, one of the leaflets directed patients to the practice's website or the patient participation group. Neither was an option for patients at the practice.

The practice had recorded one complaint in the last 12 months we reviewed this and found this had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. We were unable to ascertain from one complaint whether lessons were learnt from individual concerns and complaints. However, there were two complaints left on the NHS choices website (/www.nhs.uk/Services/GP/ReviewsAndRatings) in 2017. The practice had not responded to these complaints or recorded them in the complaints log to help enable analysis and learning. Staff told us they did not record verbal complaints.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing effective services.

- There was a staffing structure. However, there was a lack of clarity about responsibilities in some key areas including managing and sharing learning for significant events.
- The practice had a number of policies and procedures to govern activity. However, these were not always effectively implemented. For example, the infection prevention policy.
- There was evidence of some clinical and internal audit, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.
- Risks were not always identified and well managed. The practice had failed to identify and manage risks to patients in a medical emergency.
- There were some gaps in management and support arrangements for staff. Staff had informal one-to-one meetings and clinical supervision. However, staff told us the practice did not hold regular team meetings and records showed not all staff had received an appraisal in the last 12 months.
- The practice did not have a patient participation group (PPG). There was a poster in the waiting room promoting the PPG but the practice had been unable to recruit any members.

The inspection carried out on 08 February 2017 found that the practice had responded to some the concerns raised at the March 2016 inspection and had implemented some of their action plan in order to comply with the requirement notices issued. However, we found some actions had not been completed effectively. We also found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider is now rated inadequate for being well-led.

Vision and strategy

The practice told us their aims were about delivering safe, patient centred, responsive care.

- Staff knew about these aims. However, they did not always have sufficient training or understanding to deliver these aims effectively. For example, significant events were not consistently identified, reported or shared.
- Due to rota changes in working patterns the principal GP no longer collaborated regularly with a nearby practice for support. The practice told us there were plans to meet with the buddy practice during the weekend after the inspection.
- The practice manager was shortly retiring and the provider had considered the implications of this on the practice. They told us they were constantly reviewing their operational needs but had no definite plans to recruit to the vacant post.

Governance arrangements

The practice was unable to demonstrate that significant improvements to clinical governance arrangements had taken place or that current governance arrangements were effective.

- Whilst there was a staffing structure, there remained a lack of clarity about responsibilities across the practice in some key governance areas including internal audits, Care Quality Commission Notifications and reporting, sharing and learning from significant events.
- There was a range of governance documents. However, not all of these documents were practice specific. Not all staff we spoke were aware of or routinely accessed these documents, nor were they effectively or systematically implemented across the practice. There was inconsistent use of best practice national guidance on patient care from the National Institute for Heath and Care Excellence (NICE).
- The practice had made improvements to their QOF figures from the March 2016 inspection.
- There was limited evidence that the practice had made improvements to quality that was driven by clinical audit activity.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate improvements had been made to the system for reporting and recording significant events,

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

which remained ineffective. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, infection control risks, risks associated with blank as well as unsigned prescription pads and prescription forms, risks associated with the lack of an electrical premises check and the potential risk of legionella in the building's water system.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. However, there was still a lack of clarity in lead roles and responsibilities, evident at the March 2016 inspection, which meant that issues in the practice were not always identified or addressed in a timely manner.

The practice had governance arrangements for notifiable safety incidents. However, these were not effective as not all staff were aware of what constituted a significant event or near miss nor was there a consistent approach to reporting them.

- From the one complaint recorded, we saw evidence that the practice gave affected patient reasonable support, truthful information and a written apology
- The practice kept records of written correspondence. However, staff told us they did not keep records of verbal interaction such as verbal complaints. Nor had the practice recorded or responded to complaints on NHS choices.

There was a clear leadership structure.

- Staff told us the practice held 'adhoc' team meetings to discuss issues as they arose. When we reviewed minutes from the non-clinical staff team meetings we found there was no rolling agenda for issues such as significant events or staff concerns. The practice was unable to demonstrate that there were regular meetings for clinical staff including the sessional practice nurse and the regular locum GPs.

Seeking and acting on feedback from patients, the public and staff

The practice told us they valued feedback from patients and were aware of the good results from the GP patient survey but it did not proactively seek patients' feedback

- The practice had gathered feedback from patients through the GP patient survey results but had not undertaken any patient surveys themselves. At the time of the inspection the practice did not have an active patient participation group (PPG), nor were they able to demonstrate that they had any plans to develop one. The practice was unable to demonstrate they had responded to or learnt from complaints or positive comments left on the NHS choices website.
- The practice had gathered feedback from staff through informal discussion. Staff told us that staff appraisals had been undertaken but there were no records to confirm this.

Continuous improvement

The practice was unable to demonstrate there was a focus continuous learning and improvement within the practice. For example, at the March 2016 inspection, the practice team had recognised the risks of professional isolation for GPs working in practice without the support of other GP partners. To prevent this, staff told us they worked closely with a nearby practice by attending meetings and sharing training as well as learning opportunities. However, during this inspection staff told us that due to changes at both practices they were no longer routinely sharing learning opportunities such as significant events at GP meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met:** All premises and equipment used by the service provider must be properly maintained: • The provider had failed to complete premises electrical testing. This was in breach of Regulation 15(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met** • The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. • Verbal complaints were not recorded. • Leaflets at the practice did not contain information that was specific to the practice. • The practice had failed to complete a review of the complaints system as recommended at the March 2016 inspection. • The practice failed to record, respond or learn from on line complaints recorded on the NHS Choices website. This was in breach of Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider failed to ensure that persons employed in the provision of regulated activity received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** • The provider could not demonstrate that the GPs employed directly by the practice had all the necessary recruitment checks, including hepatitis B. This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice failed to improve on the monitoring the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care related: • The practice failed to demonstrate that improvements had been made to infection prevention and control with regard to The Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance. • The practice failed to ensure infection prevention and control audits were effective. • Infection prevention and control training undertaken by the infection prevention control lead was not relevant for the delivery of primary medical services. • The practice failed to assess risks to the health and safety of service users receiving the care or treatment and do all that was reasonably practicable to mitigate any such risks. • The practice was unable to demonstrate that blank prescription pads and forms were stored securely or that there was a system to track and monitor them through the practice. • The practice could not demonstrate that they had an effective system for managing all medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice failed to improve in doing all that is reasonably practicable to mitigate risks to service users in that:

This section is primarily information for the provider

Enforcement actions

- Findings from significant events were not shared across the practice and not all staff were aware of what constituted a significant event.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider failed to establish and operate effectively systems to: • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. • The provider had failed to identify an inconsistent approach to the implementation of NICE guidelines. For example, cholesterol management in patients with diabetes. • The practice had failed to improve the quality of services by revising clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles. Current audit did not monitor or significantly improve the quality and safety of the service. • The practice had failed to improve services by not reviewing how patients' access information on line. • The practice had failed to improve services by not implementing their plans for patients to access to online prescriptions and appointments. • The practice failed to improve services including the quality of the patient experience by not having a proactive approach to gaining patient feedback. • The practice had failed to use recommendations from the March inspection to improve governance

This section is primarily information for the provider

Enforcement actions

documentation across the practice and revise responsibility and accountability in leadership roles to ensure clarity between the GP and the practice manager.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.